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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Reexam Application Number	90/005,708-Conf. #3545	
	Filing Date	April 24, 2000	
	Reissue application Number	09/484,260	
	Filing Date	January 18, 2000	
	First Named Inventor	Thomas C. Gipson	
	Art Unit	3676 / 3672	
	Examiner Name	G. A. Suchfield	
Total Number of Pages in This Submission	11	Attorney Docket Number	HO-P02233US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Amendment Transmittal Letter Substitute Reissue Application Declaration by the Inventor
<div style="border: 1px solid black; padding: 5px; min-height: 50px;">         Remarks       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	FULBRIGHT & JAWORSKI L.L.P.		
Signature			
Printed name	Michael S. McCoy		
Date	May 14, 2007	Reg. No.	46,913

CERTIFICATE OF ELECTRONIC TRANSMISSION  
37 C.F.R. § 1.8

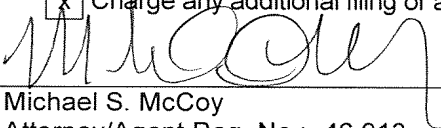
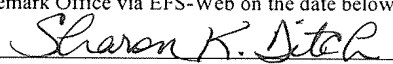
I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office via EFS-Web on the date below:

5/14/2007

Date

Sharon K. Ditch

Sharon K. Ditch

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. HO-P02233US1	
Reexam Application No. 90/005,708	Filing Date April 24, 2000	Examiner G.A. Suchfield	Art Unit 3676		
Reissue Application No. 09/484,260-Conf. #3545	Filing Date January 18, 2000	Examiner G. A. Suchfield	Art Unit 3672		
Applicant(s): Thomas C. Gipson					
Invention: MERGE, RE-EXAMINE AND REISSUE APPLICATION FOR METHOD AND APP ARATUS FOR INJECTIONS COILED TUBING IN WELLS					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	7	- 25 =	0	x 50.00	0.00
<b>Independent Claims</b>	2	- 3 =	0	x 200.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within third month					1020.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					1020.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>06-2375</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>06-2375</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Michael S. McCoy Attorney/Agent Reg. No.: 46,913  FULBRIGHT & JAWORSKI L.L.P. Fulbright Tower 1301 McKinney, Suite 5100 Houston, Texas 77010-3095 (713) 651-8216			Dated: <u>5/14/07</u>		
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>CERTIFICATE OF ELECTRONIC TRANSMISSION</b>            37 C.F.R. § 1.8             I hereby certify that this correspondence is being electronically filed with the            United States Patent and Trademark Office via EFS-Web on the date below:  <u>5/14/2007</u>             Date Sharon K. Ditch         </div>					